



**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

ALL PATENTS, INCLUDING DESIGN & TRADEMARK OFFICE
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P71237US0

101
102

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

PEPTIDE NUCLEIC ACID CONJUGATES AND USES THEREOF

which is described and claimed in: PCT International Application No. PCT/NZ2004/000255 filed 15 October 2004
 the attached specification the specification in application Serial No. filed 14 April 2008
 (If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

528966 (Number)	NEW ZEALAND (Country)	17 October 2003 (Day/Month/Year Filed)	Priority Claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

103
104

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

105

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,789); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (29,651); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 838-6666 JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY
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*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR ECLES	FAMILY NAME ECLES	GIVEN NAME Roger	MIDDLE NAME Michael
	RESIDENCE & CITIZENSHIP Mosgiel	STATE OR FOREIGN COUNTRY NEW ZEALAND	COUNTRY OF CITIZENSHIP NEW ZEALAND	
	POST OFFICE ADDRESS 72 Cherry Drive	CITY Mosgiel	STATE OR COUNTRY NEW ZEALAND	ZIP CODE
202	FULL NAME * OF INVENTOR FILIPOVSKA	FAMILY NAME FILIPOVSKA	GIVEN NAME Aleksandra	MIDDLE NAME
	RESIDENCE & CITIZENSHIP Wangara (Western Australia)	STATE OR FOREIGN COUNTRY AUSTRALIA	COUNTRY OF CITIZENSHIP NEW ZEALAND	
	POST OFFICE ADDRESS PO Box 1896	CITY Wangara (Western Australia)	STATE OR COUNTRY AUSTRALIA	ZIP CODE 8085
203	FULL NAME * OF INVENTOR SMITH	FAMILY NAME SMITH	GIVEN NAME Robin	MIDDLE NAME A.J.
	RESIDENCE & CITIZENSHIP Dunedin	STATE OR FOREIGN COUNTRY NEW ZEALAND	COUNTRY OF CITIZENSHIP NEW ZEALAND	
	POST OFFICE ADDRESS 20 Lynn Street	CITY Dunedin	STATE OR COUNTRY NEW ZEALAND	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE <i>9/6/06</i>	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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which is described and claimed in: PCT International Application No. PCT/US2004/002258 Filed 15 October 2004
 the attached specification the specification in application Serial No. _____ Filed 14 April 2006
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

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528966 NEW ZEALAND 17 October 2003
(Number) (Country) (Day/Month/Year Filed)
 Yes No

(Number) (Country) (Day/Month/Year Filed)
 Yes No

(Number) (Country) (Day/Month/Year Filed)
 Yes No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which becomes available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00135 or JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004		DIRECT TELEPHONE CALLS TO: (Please use Attorney's Docket No.) (202) 838-6666 JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY	
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*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME EGGLES	GIVEN NAME Roger	MIDDLE NAME Michael
	RESIDENCE & CITIZENSHIP	CITY Dunedin	STATE OR FOREIGN COUNTRY NEW ZEALAND	COUNTRY OF CITIZENSHIP NEW ZEALAND
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202	FULL NAME * OF INVENTOR	FAMILY NAME FILIPOVSKA	GIVEN NAME Aleksandra	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Wangara (Western Australia)	STATE OR FOREIGN COUNTRY AUSTRALIA	COUNTRY OF CITIZENSHIP NEW ZEALAND
	POST OFFICE ADDRESS	POST OFFICE ADDRESS PO Box 1896	CITY Wangara (Western Australia)	STATE OR COUNTRY AUSTRALIA
203	FULL NAME * OF INVENTOR	FAMILY NAME SMITH	GIVEN NAME Robin	MIDDLE NAME A.J.
	RESIDENCE & CITIZENSHIP	CITY Dunedin	STATE OR FOREIGN COUNTRY NEW ZEALAND	COUNTRY OF CITIZENSHIP NEW ZEALAND
POST OFFICE ADDRESS	POST OFFICE ADDRESS 20 Lynn Street	CITY Dunedin	STATE OR COUNTRY NEW ZEALAND	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201* <i>M. R. Eadie</i>	SIGNATURE OF INVENTOR 202* <i>R. A. Smith</i>	SIGNATURE OF INVENTOR 203* <i>R. A. Smith</i>
DATE 16/6/06	DATE	DATE 25/1/07

Additional inventors are named on separately numbered sheets attached hereto.



JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

* Inventor(s) name must include at least one unabbreviated first or middle name.

264	FULL NAME * OF INVENTOR	FAMILY NAME MURPHY	GIVEN NAME Michael	MIDDLE NAME Patrick	
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	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
265	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
266	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
267	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
268	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
269	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
270	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
271	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 15/6/06	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

Additional inventors are named on separately numbered sheets attached hereto.
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